

Written Testimony of Administrator Andrew S. Natsios U.S. Agency for International Development

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Mr. Chairman, members of the Committee.

Good morning. I am pleased to be with you, along with Ambassador Randy Tobias and Jim Morris, to discuss the relationship between AIDS and hunger. The U.S. Agency for International Development has long been a leader in both fighting the AIDS pandemic and in preventing hunger and food insecurity. The world has recently come to see how deeply these two problems are intertwined. The majority of the world's hungry and food insecure live where HIV prevalence is highest - in sub-Saharan Africa, where HIV and food insecurity are a devastating combination.

I am pleased to report that with USAID's funding, we are providing food aid to 700,000 people in African communities heavily impacted by HIV/AIDS. In addition, we have prevention, care and treatment programs for HIV/AIDS across the continent, as well as food aid programs for millions of Africans.

There is much to be done. Unlike other diseases, AIDS strikes people in the prime of their lives. This has profound effects on families, communities and nations. As Secretary of State Colin Powell has pointed out, "the disease decimates a society's most productive members. It sickens those . . . who take care of the very young and the very old. It destroys those who teach and trade, support their families and otherwise contribute to their nation's development. AIDS saps global growth. Unchecked, AIDS can lay waste to whole countries and destabilize entire regions of the world."

In many villages across Africa, HIV/AIDS has wreaked havoc on food production. When someone is debilitated by disease, the food security of his or her family is in jeopardy. All too often families are forced to sell livestock and other valuable assets to care for the sick or to pay funeral expenses. This then compromises any future earning potential.

For people living with HIV/AIDS, good nutrition is essential for continued good health. Yet, for too many people living with AIDS, getting enough to eat adds enormously to life's daily challenges.

A lack of food can sometimes cause the epidemic to spread. We have heard too many stories of mothers who will trade the only resource they have - themselves - in exchange for food to feed their hungry children.

How food and AIDS Interrelate

Chronic malnutrition is increasing in sub-Saharan Africa. And the AIDS pandemic is exacerbating it.

Let me take this opportunity to praise Jim Morris's leadership in responding to last year's food crisis in southern Africa. In his role as the UN Secretary General's Special Envoy, he helped alert the world and made an emergency request for funding. I'm proud that the U.S. government took the lead in responding to the crisis and provided 880,000 metric tons of food aid for the region, valued at \$529 million over the past two years.

We need to draw lessons from such experiences and apply them to our fight against the AIDS pandemic. We now realize that HIV/AIDS exacerbates food insecurity. But there is still much to be learned about the causes and consequences of this relationship. As we expand anti-retroviral treatment for people living with AIDS, there will be further issues to explore.

We do know that HIV/AIDS affects a household's ability to produce food and earn income in several ways by:

- Reducing labor for farming due to illness, death and additional caregiving responsibilities;
- Depleting food reserves, savings and productive assets, such as livestock;
- Increasing household expenses, due to the costs of caring for a chronically ill person or children orphaned by AIDS.

Food assistance is the number one request made by people living with AIDS. It is key to improving overall health and quality of life. Malnutrition worsens the effects of HIV by further weakening the immune system and increasing susceptibility to infections. Good nutrition helps people living with HIV/AIDS manage symptoms and effectively respond to treatment.

Conversely, HIV compromises the nutritional status of infected individuals. It creates additional nutritional requirements, causing symptoms that limit food intake and reducing the use of nutrients by the body.

The World Health Organization believes that better nutrition increases survival rates, primarily because of its effects on immune functions. Increased caloric intake is recommended for HIV-infected adults because of their higher energy requirements. Once they have symptomatic HIV and full-blown AIDS, caloric intake needs to increase by 20 to 30 percent. For HIV positive children, once a child begins to experience weight loss, he or she must increase consumption by 50 to 100 percent.

Good nutrition is also important for patients receiving antiretroviral drugs, or ARVs, which are potent medications that often need to be taken with food. The use of the right combination of food and ARV treatment is important to ensure drug compliance and effectiveness.

We know that food insecurity and HIV/AIDS have profound consequences for nation states. We are only just beginning to appreciate the implications of the halving of adult life expectancy and the massive loss of human capital in many countries. In the most affected countries, HIV/AIDS has the potential to cripple the socioeconomic and political infrastructure, which is vital for stability as well as development.

USAID and Presidential Initiatives

President Bush launched the Initiative to End Hunger in Africa in 2002. It is a multi-year effort designed to help fulfill the Millennium Development Goal of halving the number of hungry Africans by 2015. We are urgently addressing the need to rapidly increase sustainable agricultural growth and augment rural incomes in sub-Saharan Africa. This approach will reduce the need for future food aid to the continent.

Last year, P.L. 480 programs to prevent HIV and care for HIV-infected children and their families reached at least 2.2 million people. Approximately 110,000 thousand tons of commodities, valued at \$51 million, went into these programs.

I would like to take this opportunity to note that this year marks the 50th anniversary of Food for Peace. P.L. 480 was enacted on July 10, 1954, and for 50 years Title II has affected over 3 billion lives in over 150 countries. Since the inception of this program, which is implemented by USAID's Office of Food for Peace, the U.S. government has provided over 100 million metric tons of food aid, valued at more than \$33 billion, to reach people around the world. This is a program we can all be proud of because of its central role in helping save lives and alleviate suffering.

USAID has been involved in the fight against AIDS since 1986, and today more than 100 countries around the world receive assistance from USAID in this fight.

As President Bush has said, "fighting AIDS on a global scale is a massive and complicated undertaking." That's why, just over a year ago, he announced the President's Emergency Plan for AIDS Relief, a visionary plan to increase spending on AIDS to \$15 billion over 5 years. I'm pleased that USAID is a key part of the team implementing this emergency plan. We are working closely under the leadership of the Global AIDS Coordinator, Ambassador Randall Tobias, who you will also hear from today.

President's Emergency Plan for AIDS Relief

The Emergency Plan sets out three key goals to be achieved by 2008 in 14 focus countries: Provide treatment to 2 million people, prevent 7 million new infections, and provide care and support to 10 million people living with and affected by AIDS, including orphans and other vulnerable children.

Today, I would like to discuss how USAID is assisting President Bush and Ambassador Tobias in meeting each of these goals, as they relate to food and HIV/AIDS.

As we expand anti-retroviral treatment for people living with AIDS, there is much we can do to ensure a good relationship between food, nutrition and ARVs. We know that interactions between ARVs, food and nutrition can influence the success of treatment by affecting drug efficacy, adherence to drug regimens, and nutritional status of people living with HIV and AIDS.

By strengthening food access and coping strategies of households and communities affected by HIV/AIDS, USAID is contributing to the goal of preventing seven million new HIV infections. In the area of food and nutrition, USAID programs are strengthening household resiliency through food-for-work programs and other income-generation activities. Food assistance is used for education and vocational training programs for children. And HIV/AIDS prevention messages are incorporated in all of these programs.

Food and nutrition are critical components in the care of people living with HIV/AIDS and their families. Nutritional support has the potential to delay the beginning of life-threatening infections and ultimately prolong the lives of HIV-positive individuals. Family members who may depend on an infected person benefit as well.

USAID is supporting a variety of activities to care for people living with AIDS, including:

- Food aid and nutrition counseling for people living with AIDS and their families;
- Improved infant and child feeding for HIV-affected households;
- Food aid to assist in management of opportunistic infections such as tuberculosis; and
- Direct food aid to orphans and vulnerable children and families looking after them.

USAID's Office of Food for Peace invested over \$17 million and approximately 40,000 metric tons of food aid to almost 700,000 HIV-infected and affected adults and children in Haiti, Ethiopia, Kenya, Mozambique, Rwanda, South Africa, Uganda and Zambia - all focus countries of the President's Emergency Plan for AIDS Relief.

Pascasie Mukamana is an orphan in Rwanda's Gitarama province. After her parents died of AIDS, she was forced to quit school to provide for her two sisters, one of whom is HIV-positive. With USAID funding, Catholic Relief Services provides a monthly food ration to Pascasie and her sisters. This is the story of just one of the 29,000 people USAID funding supports in Rwanda.

In Uganda, for example, our partners report that in communities receiving food aid, school attendance is improving, there are fewer underweight children and people are able to work more regularly.

The Consortium for Southern Africa Food Security Emergency is made up of World Vision, Catholic Relief Services and CARE. They focus on reducing food insecurity in targeted communities in Malawi, Zambia and Zimbabwe. Approximately 76,000 adults and children who are infected and affected by HIV/AIDS receive food through this consortium funded by USAID.

USAID's agricultural programs are also important in addressing the HIV/AIDS prevention response by ensuring that food is available to vulnerable households throughout the year. Other programs assist small farmers in accessing agricultural technology, or help them diversify their livelihoods to improve their food and nutrition security.

For example, USAID supports the Regional Network of HIV/AIDS, Rural Livelihoods and Food Security in sub-Saharan Africa. The Network is analyzing the impact of AIDS on small farmers and focusing on how to maintain the productivity of staple crops in Malawi and analyzing the impact of AIDS on the agricultural programs in Uganda.

Often, people do not have access to enough food to meet their basic daily caloric needs. Through the Harvest Plus Program, researchers are developing new varieties of wheat, rice, maize and cassava to enhance the nutrient content, quality and yield of these important staple crops. USAID is also supporting highly regarded universities in the U.S. and abroad who are turning their considerable expertise toward these issues.

The Agriculture and Nutrition Advantage Program supports strategies that bring together national governments, non-governmental organizations, and research institutions to combat poverty, hunger and under-nutrition. It is critical to include these different stakeholders in efforts to address the complex challenges of food security, nutrition and HIV/AIDS.

USAID is working with Michigan State University and Kenya's Egerton University to examine the relationship between AIDS and agriculture. Other research we've sponsored has found that relatively poor households do not recover quickly from head-of-household deaths.

Partnership with World Food Program

USAID has a long history of partnership with the World Food Program to provide food aid, and is the single largest donor to WFP. Last year, USAID's Office of Food for Peace provided over a billion dollars of food aid resources to the WFP. In addition, WFP receives support from USAID through the Joint United Nations Programme on HIV/AIDS, the umbrella organization for all of the U.N.'s work on HIV/AIDS, which will receive \$26 million from my agency this year.

Just last year, USAID's Office of HIV/AIDS entered into a new project partnership with WFP to specifically work on food aid for children affected by AIDS and their families. USAID is funding a unique partnership between the World Food Program and World Vision that is designed to use food to help keep children in school and reinforce and expand home-based care programs. WFP will provide food assistance that will complement World Vision's work and be linked to efforts to improve the overall family situation.

Conclusion

I am proud of the work USAID is doing in the global fight against AIDS, poverty and hunger. By working through many different areas, USAID will help President Bush and Ambassador Tobias achieve a historic success.

USAID is in the unique position of having technical expertise in development, health and emergency response, as well as an extensive network of programs throughout the developing world. By building on these strengths, we will ensure that assistance gets to the neediest in a timely and transparent manner.

I appreciate the opportunity to testify today on this important topic.